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| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| DISTRICT OF MARYLAND                            | _                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ■ Chapter 13                  | Check if this an amended filing |

#### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself  |   |      |  |
|-----|--|---|------|--|
|     |  | About Debtor 1:   | Abou | ut Debtor 2 (Spouse Only in a Joint Case):       |
| 1.  | Your full name   |   |      |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Jonathan First name  Alvin Middle name  Adams  Last name and Suffix (Sr., Jr., II, III) | Midd | name le name name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | е   |      |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-5474   |      |  |

Debtor 1 Jonathan Alvin Adams

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 14003 Mary Bowie Parkway  | If Debtor 2 lives at a different address:  |
|    |  | Upper Marlboro, MD 20774  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |  | Prince Georges County   | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

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| Deb | otor 1                 | Jonathan Alvin Ad  | lams  |             |   |                   | Case number (if known)  |                                |  |  |
|-----|------------------------|--|---|-------------|---|-------------------|---|--------------------------------|--|--|
|     |                        |  |   |             |   |                   |   |                                |  |  |
| Par | t 2:                   | Tell the Court About   | our Bank  | ruptcy C    | ase   |                   |   |                                |  |  |
| 7.  | Bank                   | chapter of the cruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |             |   |                   |   |                                |  |  |
|     | cnoc                   | sing to file under   | ☐ Chap  | ter 7       |   |                   |   |                                |  |  |
|     |                        |  | ☐ Chap  | ter 11      |   |                   |   |                                |  |  |
|     |                        |  | ☐ Chap  | ter 12      |   |                   |   |                                |  |  |
|     |                        |  | ■ Chap  | ter 13      |   |                   |   |                                |  |  |
|     |                        |  |   |             |   |                   |   |                                |  |  |
| 8.  | How                    | you will pay the fee   | abo   | out how you | ou may pay. Typically, if you   | are paying the fe | theck with the clerk's office in your le<br>e yourself, you may pay with cash,<br>behalf, your attorney may pay with a  | cashier's check, or money      |  |  |
|     |                        |  |   |             | <b>y the fee in installments.</b> If<br>ee in Installments (Official Fo |                   | option, sign and attach the Applicati   | on for Individuals to Pay      |  |  |
|     |                        |  | but   | is not red  | quired to, waive your fee, and  | d may do so only  | ption only if you are filing for Chapte<br>if your income is less than 150% of<br>ee in installments). If you choose th | the official poverty line that |  |  |
|     |                        |  |   |             |   |                   | Official Form 103B) and file it with y  |                                |  |  |
|     |                        | you filed for  | ■ No.   |             |   |                   |   |                                |  |  |
|     |                        | ruptcy within the<br>3 years?  | ☐ Yes.  |             |   |                   |   |                                |  |  |
|     |                        |  |   | District    |   | When              | Case number   |                                |  |  |
|     |                        |  |   | District    |   | When              | Case number   |                                |  |  |
|     |                        |  |   | District    |   | When              | Case number   |                                |  |  |
| 10. | Are a                  | any bankruptcy   | ■ No  |             |   |                   |   |                                |  |  |
|     | filed<br>not f<br>you, | s pending or being by a spouse who is iling this case with or by a business her, or by an ate? | ☐ Yes.  |             |   |                   |   |                                |  |  |
|     |                        |  |   | Debtor      |   |                   | Relationship to yo  | u                              |  |  |
|     |                        |  |   | District    |   | When              | Case number, if ki  | nown                           |  |  |
|     |                        |  |   | Debtor      |   |                   | Relationship to yo  | u                              |  |  |
|     |                        |  |   | District    |   | When              | Case number, if ki  | nown                           |  |  |
| 11. |                        | ou rent your   | ■ No.   | Go to       | line 12.  |                   |   |                                |  |  |
|     | resid                  | lence?   | ☐ Yes.  | Has y       | our landlord obtained an evid   | ction judgment ag | ainst you?  |                                |  |  |
|     |                        |  |   |             | No. Go to line 12.  |                   |   |                                |  |  |
|     |                        |  |   |             | Yes. Fill out <i>Initial Stateme</i> this bankruptcy petition.          | nt About an Evict | ion Judgment Against You (Form 10   | 01A) and file it as part of    |  |  |
|     |                        |  |   |             | 1 1   |                   |   |                                |  |  |

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| Deb | otor 1 Jonathan Alvin A   | dams   |   |                                      | Case number (if known)  |  |  |
|-----|---|--|---|--------------------------------------|---|--|--|
|     |   |  |   |                                      |   |  |  |
| Par | t 3: Report About Any Bu  | ısinesses  | You Owi   | n as a Sole Pronrie                  | tor   |  |  |
|     |   | 1011100000   | 100 0111  | - as a colo i ropile                 |   |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.  | Go to   | Part 4.                              |   |  |  |
|     |   | ☐ Yes.   | Name  | e and location of bus                | siness  |  |  |
|     | A sole proprietorship is a  |  |   |                                      |   |  |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |  | Name  | e of business, if any                |   |  |  |
|     | If you have more than one sole proprietorship, use a  |  | Numb  | per, Street, City, Stat              | te & ZIP Code   |  |  |
|     | separate sheet and attach it to this petition.  |  | Chec  | k the appropriate bo                 | ox to describe your business:   |  |  |
|     |   |  |   |                                      | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |
|     |   |  |   |                                      | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |
|     |   |  |   | Stockbroker (as d                    | lefined in 11 U.S.C. § 101(53A))  |  |  |
|     |   |  |   | Commodity Broke                      | er (as defined in 11 U.S.C. § 101(6))   |  |  |
|     |   |  |   | None of the above                    | e   |  |  |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?                                       | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). |   |                                      |   |  |  |
|     | For a definition of small   | No.  | Iam   | not filing under Chap                | oter 11.  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Code. |                                      |   |  |  |
|     |   | ☐ Yes.   | I am  | iling under Chapter                  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Par | t 4: Report if You Own or   | · Have An  | y Hazardo   | ous Property or An                   | y Property That Needs Immediate Attention   |  |  |
| 14. | Do you own or have any  | ■ No.  |   |                                      |   |  |  |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.   |   |                                      |   |  |  |
|     | of imminent and identifiable hazard to public health or safety?   |  | What is   | the hazard?                          |   |  |  |
|     | Or do you own any property that needs immediate attention?  |  |   | diate attention is why is it needed? |   |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |  | Where i   | s the property?                      |   |  |  |
|     |   |  |   |                                      | Number, Street, City, State & Zip Code  |  |  |
|     |   |  |   |                                      |   |  |  |
|     |   |  |   |                                      |   |  |  |

Debtor 1 Jonathan Alvin Adams

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor 1 Jonathan Alvin Adams |  |                     |  |  | Case number (if known) |   |  |  |
|-------------------------------|--|---------------------|--|--|------------------------|---|--|--|
| Par                           | t 6: Answer These Quest                          | ions for R          | eporting Purposes  |  |                        |   |  |  |
| 16.                           | What kind of debts do you have?                  | 16a.                | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incur individual primarily for a personal, family, or household purpose."                  |  |                        |   |  |  |
|                               |  |                     | ☐ No. Go to line 16b.  |  |                        |   |  |  |
|                               |  |                     | Yes. Go to line 17.  |  |                        |   |  |  |
|                               |  | 16b.                | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |                        |   |  |  |
|                               |  |                     | ☐ No. Go to line 16c.  |  |                        |   |  |  |
|                               |  |                     | ☐ Yes. Go to line 17.  |  |                        |   |  |  |
|                               |  | 16c.                | State the type of debts you  | owe that are not consume                   | r debts or busines     | s debts   |  |  |
| 17.                           | Are you filing under Chapter 7?                  | ■ No.               | I am not filing under Chapte   | er 7. Go to line 18.                       |                        |   |  |  |
|                               | Do you estimate that after any exempt            | ☐ Yes.              | I am filing under Chapter 7 are paid that funds will be a  |  |                        | erty is excluded and administrative expenses  |  |  |
|                               | property is excluded and administrative expenses |                     | □No  |  |                        |   |  |  |
|                               | are paid that funds will be available for        |                     | □ Yes  |  |                        |   |  |  |
|                               | distribution to unsecured creditors?             |                     |  |  |                        |   |  |  |
| 18.                           | How many Creditors do                            | <b>1</b> -49        |  | <b>1</b> ,000-5,000                        |                        | □ 25,001-50,000   |  |  |
|                               | you estimate that you owe?                       | ☐ 50-99             |  | <b>5001-10,000</b>                         |                        | <b>5</b> 0,001-100,000  |  |  |
|                               |  | □ 100-1<br>□ 200-9  |  | □ 10,001-25,000                            |                        | ☐ More than100,000  |  |  |
| 19.                           | How much do you \$0 -                            |                     | ,  | <u></u> \$1,000,001 - \$                   |                        | □ \$500,000,001 - \$1 billion   |  |  |
|                               | estimate your assets to be worth?                |                     | 01 - \$100,000<br>001 - \$500,000  | □ \$10,000,001 - \$ □ \$50,000,001 - \$    |                        | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                 |  |  |
|                               |  |                     | 001 - \$300,000<br>001 - \$1 million   | □ \$100,000,001 -                          |                        | ☐ More than \$50 billion  |  |  |
| 20.                           | How much do you estimate your liabilities        | □ \$0 - \$          |  | \$1,000,001 - \$                           |                        | \$500,000,001 - \$1 billion   |  |  |
|                               | to be?   |                     | 001 - \$100,000<br>001 - \$500,000   | □ \$10,000,001 - \$<br>□ \$50,000,001 - \$ |                        | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                    |  |  |
|                               |  | _                   | 001 - \$1 million  | \$100,000,001                              |                        | ☐ More than \$50 billion  |  |  |
| Par                           | t 7: Sign Below                                  |                     |  |  |                        |   |  |  |
| For                           | you  | I have ex           | amined this petition, and I de   | eclare under penalty of per                | jury that the inforn   | nation provided is true and correct.  |  |  |
|                               |  |                     |  |  |                        | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.           |  |  |
|                               |  |                     | rney represents me and I did<br>nt, I have obtained and read t   |  |                        | t an attorney to help me fill out this  |  |  |
|                               |  | I request           | relief in accordance with the  | chapter of title 11, United                | States Code, spec      | cified in this petition.  |  |  |
|                               |  | bankrupt<br>and 357 | cy case can result in fines up   |  |                        | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |
|                               |  | Jonatha             | an Alvin Adams e of Debtor 1   |  | ignature of Debto      | 72  |  |  |
|                               |  | Executed            | d on June 13, 2019   | E  | xecuted on             |   |  |  |
|                               |  |                     | MM / DD / YYYY   |  | MM                     | / DD / YYYY   |  |  |

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| Debtor 1 Jonathan Alvin Adams | Case number (if known) |  |
|-------------------------------|------------------------|--|
|                               |                        |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Richard Rosenblatt                   | Date          | June 13, 2019                 |
|--|---------------|-------------------------------|
| Signature of Attorney for Debtor         |               | MM / DD / YYYY                |
| Richard Rosenblatt                       |               |                               |
| Printed name                             |               |                               |
| Law Offices of Richard B. Rosenblatt, PC |               |                               |
| Firm name                                |               |                               |
| Suite 302                                |               |                               |
| 30 Courthouse Square                     |               |                               |
| Rockville, MD 20850                      |               |                               |
| Number, Street, City, State & ZIP Code   |               |                               |
| Contact phone 301.838.0098               | Email address | rrosenblatt@rosenblattlaw.com |
| 04678 MD                                 |               |                               |
| Bar number & State                       |               | <del></del>                   |

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| Fill i           | n this inforn              | nation to identify your                          | case:   |  |                 |                           |
|------------------|----------------------------|--|---|--|-----------------|---------------------------|
| Debt             | or 1                       | Jonathan Alvin A                                 |   |  |                 |                           |
| Debt             | or 2                       | First Name                                       | Middle Name   | Last Name  |                 |                           |
|                  | se if, filing)             | First Name                                       | Middle Name   | Last Name  |                 |                           |
| Unite            | d States Ba                | nkruptcy Court for the:                          | DISTRICT OF MARYLAND  |  |                 |                           |
| Case<br>(if know | number _                   |  |   |  | _               | k if this is an           |
|                  |                            |  |   |  |                 | -                         |
| Offi             | cial Fo                    | rm 106Sum  |   |  |                 |                           |
|                  |                            |  | and Liabilities and C   | ertain Statistical Informatio  | n               | 12/15                     |
| inforr           | nation. Fill o             | out all of your schedul                          |   | ling together, both are equally responsibly<br>rmation on this form. If you are filing amo<br>pox at the top of this page. |                 |                           |
| rait             | i. Suillill                | anze Tour Assets                                 |   |  | Your a          | assets<br>of what you own |
| 1.               | Schedule A                 | /B: Property (Official Fo                        | orm 106A/B)<br>rom Schedule A/B   |  | \$              | 664,584.00                |
|                  | 1b. Copy line              | e 62, Total personal pro                         | perty, from Schedule A/B  |  | \$              | 5,592.91                  |
|                  | 1c. Copy line              | e 63, Total of all propert                       | y on Schedule A/B   |  | \$              | 670,176.91                |
| Part             | 2: Summ                    | arize Your Liabilities                           |   |  |                 |                           |
|                  |                            |  |   |  |                 | iabilities<br>nt you owe  |
|                  |                            |  | laims Secured by Property (Offic<br>mn A, <i>Amount of claim,</i> at the bo | ial Form 106D)<br>ttom of the last page of Part 1 of <i>Schedule D</i>   | o \$            | 564,295.00                |
|                  |                            |  | Unsecured Claims (Official Form 1 (priority unsecured claims) from          | n 106E/F)<br>n line 6e of <i>Schedule E/F</i>  | \$              | 0.00                      |
|                  | 3b. Copy th                | e total claims from Part                         | 2 (nonpriority unsecured claims)  | from line 6j of Schedule E/F   | \$              | 11,599.15                 |
|                  |                            |  |   | Your total liabilit  | ies \$          | 575,894.15                |
| Part             | 3: Summ                    | arize Your Income and                            | l Expenses  |  |                 |                           |
|                  |                            | Your Income (Official Fo                         |   |  | \$              | 8,201.32                  |
| 5.               | Schedule J:<br>Copy your m | Your Expenses (Official nonthly expenses from li | Form 106J)<br>ne 22c of <i>Schedule J</i>                                   |  | \$              | 4,952.55                  |
| Part -           | 4: Answe                   | r These Questions for                            | Administrative and Statistical  | Records  |                 |                           |
| 6.               | -                          |  | er Chapters 7, 11, or 13? on this part of the form. Check t                 | his box and submit this form to the court with   | ı your other so | hedules.                  |
| 7.               | ■ Yes<br>What kind o       | of debt do you have?                             |   |  |                 |                           |
|                  |                            |  |   | are those "incurred by an individual primarily statistical purposes. 28 U.S.C. § 159.                                      | for a personal  | , family, or              |
|                  |                            | ebts are not primarily art with your other sched |   | hing to report on this part of the form. Check   | this box and s  | submit this form to       |
| Offic            | al Farma 400               | Cum Cummon.                                      | of Vous Appets and Linkillities   | and Cartain Statistical Information  |                 | 4 -4 0                    |

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

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Debtor 1 Jonathan Alvin Adams

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,671.21

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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|      |   | O                 | ase 19-100 <del>4</del> |   |   | iled 00/13/19 1 8   | ige 10 oi      | 40                   |   |
|------|---|-------------------|-------------------------|---|---|---|----------------|----------------------|---|
| Fill | in this information t   | o identify        | your case and th        | is filin  | g:  |   |                |                      |   |
| Deb  | tor 1 <b>Jon</b>  | athan Al          | vin Adams               |   |   |   |                |                      |   |
| Dob  | First N   | ame               | Middle                  | Name  |   | Last Name   |                |                      |   |
|      | use, if filing) First N   | ame               | Middle                  | Name  |   | Last Name   |                |                      |   |
| Unit | ed States Bankruptcy  | Court for         | the: DISTRICT           | OF MA   | RYLAND  |   |                |                      |   |
| Cas  | e number  |                   |                         |   |   | _   |                |                      | ☐ Check if this is an   |
|      |   |                   |                         |   |   |   |                |                      | amended filing  |
| ∩fi  | icial Form 1  | 06A/F             | 3                       |   |   |   |                |                      |   |
|      | hedule A/   |                   | _                       |   |   |   |                |                      | 12/15   |
|      |   |                   |                         | n acco  | t only once. If a                                   | an asset fits in more than on   | o catogory lie | t the asset in       |   |
| _    | No. Go to Part 2.  Yes. Where is the prop  14003 Mary Bow  Street address, if available | erty?<br>ie Parkw | vay                     |   | t is the property<br>Single-family<br>Duplex or mul | y? Check all that apply home Iti-unit building  | the amount     | of any secure        | nims or exemptions. Put<br>d claims on Schedule D:<br>ns Secured by Property. |
|      | Linner Meribere   | MD                | 20774 0000              | Manufactured or mobile home   |   | Current va  |                | Current value of the |   |
|      | Upper Marlboro  City  | MD<br>State       | ZIP Code                |   | ☐ Land ☐ Investment property                        |   | entire prop    | erty?<br>64,584.00   | portion you own?<br>\$664,584.00  |
|      |   | w                 |                         | ☐ Timeshare ☐ Other  Who has an interest in the property? Check one ☐ Debtor 1 only |   | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  Fee simple |                |                      |   |
|      | Prince Georges  |                   |                         |   |   |   |                |                      |   |
|      | County  |                   |                         | prop  | At least one o                                      | of the debtors and another cou wish to add about this ite ion number:   | (see ins       | structions)          | munity property   |
|      |   |                   |                         |   |   |   |                |                      |   |
|      |   |                   |                         |   |   |   |                |                      |   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Debtor 1 Jonathan Alvin Adams  | с  | case number (if known)                                |  |
|--|--|---|--|
| Cars, vans, trucks, tractors, sport utility  | vehicles, motorcycles  |   |  |
| □ No   |  |   |  |
| _  |  |   |  |
| ■ Yes  |  |   |  |
| 3.1 Make: <b>BMW</b>   | Who has an interest in the property? Check one   | Do not deduct secured cla                             | ims or exemptions. Put   |
| Model: 320i  | = <u> </u>   | the amount of any secured<br>Creditors Who Have Clain |  |
| Year: 1983   | _ ■ Debtor 1 only □ Debtor 2 only  |   |  |
| Approximate mileage: 169433  |  | Current value of the<br>entire property?              | Current value of the portion you own?                            |
| Other information:   | ☐ At least one of the debtors and another  |   |  |
| color: black - Sedan/Saloon  | _  | ¢400.00   | <b>#</b> 400.6   |
| VIN: WBAAG330XD9000714   | ☐ Check if this is community property (see instructions)   | \$100.00  | \$100.0  |
| 3.2 Make: <b>BMW</b>   | Who has an interest in the property? Check one   | Do not deduct secured cla                             |  |
| Model: 633csi  | Debtor 1 only  | the amount of any secured<br>Creditors Who Have Clain |  |
| Year: 1984   | Debtor 2 only  |   |  |
| Approximate mileage: 133044  |  | Current value of the<br>entire property?              | Current value of the portion you own?                            |
| Other information:   | ☐ At least one of the debtors and another  |   |  |
| color: black - 2-door  | _  | \$200.00  | 0.000  |
| sedan,hardtop,coupe<br>VIN: WBAEB8403E6997330                                      | ☐ Check if this is community property (see instructions)   | φ200.00   | \$200.0  |
| VIIV. WBALB0403L0991330  |  |   |  |
| laguar   | W  | Do not deduct secured cla                             | ims or exemptions. Put   |
| .3 Make: Jaguar  Model: XJS V12  | Who has an interest in the property? Check one   | the amount of any secured                             | d claims on <i>Śchedule D:</i>                                   |
| Model: XJS V12 Year: 1991  | _ Debtor 1 only  | Creditors Who Have Clain                              | пѕ Ѕесигеа ву Ргорепу.   |
| Approximate mileage: 88257   | Debtor 2 only  Debtor 1 and Debtor 2 only  | Current value of the<br>entire property?              | Current value of the portion you own?                            |
| Other information:   | At least one of the debtors and another  | onaro proporty :                                      | portion you own.   |
| color: black   |  |   |  |
| VIN: SAJTW5843MC177633   | ☐ Check if this is community property  | \$500.00  | \$500.0  |
|  | (see instructions)   |   |  |
|  | and other recreational vehicles, other vehicles, as watercraft, fishing vessels, snowmobiles, motorcycle                                       |   |  |
|  | own for all of your entries from Part 2, including a te that number here   |   | \$800.00   |
| art 3: Describe Your Personal and Household  | 1 Items  |   |  |
| o you own or have any legal or equitable   |  | C   | Current value of the   |
| , ,  | ,  | p<br>C  | ortion you own?<br>On not deduct secured<br>laims or exemptions. |
| Household goods and furnishings  Examples: Major appliances, furniture, line  □ No | ens, china, kitchenware  | ·   | or or oromprone.   |
| Yes. Describe  |  |   |  |
| . 53. 2500,150,1   |  |   |  |
| fridge, freeze   | e seat(2), coffee table(2), end table(2), lamps<br>r, dish washer, microwave, oven, washer an<br>stand(2), wardrobe closet(2), lounge chair(2) | d dryer,  | \$750.   |
| Set, tile pit, et  | io.  |   | ψ. 50.   |

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| De  | ebtor 1                           | Jonathan Al  | vin Adams Ca  | ase number (if known)              |                     |
|-----|-----------------------------------|--|---|------------------------------------|---------------------|
|     | □No                               | les: Televisions a including cell  | nd radios; audio, video, stereo, and digital equipment; computers, printe phones, cameras, media players, games                           | rs, scanners; music collections; ε | electronic devices  |
|     | ■ Yes.                            | Describe   |   |                                    |                     |
|     |                                   |  | Cell phone  |                                    | \$50.00             |
| 8.  | Example  No                       |  | figurines; paintings, prints, or other artwork; books, pictures, or other art<br>ons, memorabilia, collectibles                           | objects; stamp, coin, or basebal   | I card collections; |
|     |                                   |  | Paintings (7), photos and picture frames.   |                                    | \$250.00            |
|     | ■ No □ Yes.  Firearm Example ■ No | musical instruction of the control o | graphic, exercise, and other hobby equipment; bicycles, pool tables, gol  | f clubs, skis; canoes and kayaks;  | ; carpentry tools;  |
|     | ☐ Yes.                            | Describe   |   |                                    |                     |
| 11. | □ No                              |  | othes, furs, leather coats, designer wear, shoes, accessories   |                                    |                     |
|     |                                   |  | W. L. Hall Life and L. L.   | 114                                |                     |
|     |                                   |  | Various men's clothing; shirts, pants, slacks, sweats, dres<br>ties, sun glasses, coats, boots, sneakers, sandals, hats, gl<br>suits etc. |                                    | \$200.00            |
|     |                                   |  | Suits etc.  |                                    | <b>V</b>            |
| 12. | □ No                              |  | welry, costume jewelry, engagement rings, wedding rings, heirloom jewe  | elry, watches, gems, gold, silver  | \$200,00            |
|     |                                   |  | watch, wedding band   |                                    | \$200.00            |
|     | Examp  ■ No □ Yes.  Any otl ■ No  | arm animals ples: Dogs, cats, Describe ther personal an  | d household items you did not already list, including any health aid  | s you did not list                 |                     |
|     | <u> </u>                          | OING Sheguir IIII  | omanon  |                                    |                     |
|     | for Pa                            | art 3. Write that  | of all of your entries from Part 3, including any entries for pages yo number here  | u have attached                    | \$1,450.00          |
| Da  | rt 4: Do                          | scribe Vour Finan  | cial Assots   |                                    |                     |

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured

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| Debtor 1            | Jonathan Alvin Ad                         | dams                         | Case number (if known)   |                         |
|---------------------|---|------------------------------|--|-------------------------|
|                     |   |                              |  | claims or exemptions.   |
| □ No                |   | your wallet, in your home, i | n a safe deposit box, and on hand when you file your petition  |                         |
|                     |   |                              | Cash   | \$20.00                 |
|                     |   |                              | certificates of deposit; shares in credit unions, brokerage hous the same institution, list each.                        | ses, and other similar  |
|                     | i   |                              | Institution name:  |                         |
|                     | 17.                                       | 1. Checking - 8406           | Premier Bank   | \$500.00                |
|                     | 17.:                                      | 2. Checking - 6780           | M&T Bank<br>Frozen by M&T  | \$2,783.55              |
|                     | 17.3                                      | Business Checking 3 8043     | M&T Bank   | \$25.00                 |
| joint<br>□ No       | venture  Give specific information        | on about themlame of entity: | d and unincorporated businesses, including an interest in % of ownership:  | un ELO, parmersinp, and |
|                     | Į.  | Admeritus, LLC - not ge      | nerating income, shell   | <b>\$0.00</b>           |
|                     |   | ompany.                      |  | \$0.00                  |
| Nego                | otiable instruments includ                | e personal checks, cashiers  | e and non-negotiable instruments ' checks, promissory notes, and money orders. to someone by signing or delivering them. |                         |
| ☐ Yes               | . Give specific informatio                | n about them<br>ssuer name:  |  |                         |
|                     | ement or pension account place in IRA, El |                              | , thrift savings accounts, or other pension or profit-sharing plar   | ns                      |
| ■ Yes               | . List each account sepa<br>Typ           | rately.<br>e of account:     | Institution name:  |                         |
|                     | Per                                       | nsion                        | UBS Financial Services, Inc.   | \$14.36                 |
| Your<br><i>Exan</i> |   | sits you have made so that   | you may continue service or use from a company c utilities (electric, gas, water), telecommunications companies,         | , or others             |
| ■ No<br>□ Yes       | i   |                              | Institution name or individual:  |                         |

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| De  | ebtor 1          | Jonathan                         | Alvin Adams  |                                   | Case number (if known)         |   |
|-----|------------------|----------------------------------|--|-----------------------------------|--------------------------------|---|
| 23. | Annuiti<br>■ No  | ies (A contrad                   | ct for a periodic payment of money to you, e   | ither for life or for a number o  | of years)                      |   |
|     | Yes              |                                  | Issuer name and description.   |                                   |                                |   |
|     |                  |                                  | ation IRA, in an account in a qualified AB<br>1), 529A(b), and 529(b)(1).                                | BLE program, or under a qu        | nalified state tuition progra  | m.  |
|     | ■ No<br>□ Yes    |                                  | Institution name and description. Separate   | ely file the records of any inter | rests.11 U.S.C. § 521(c):      |   |
| 25. | Trusts, ■ No     | equitable or                     | r future interests in property (other than   | anything listed in line 1), an    | nd rights or powers exercis    | sable for your benefit  |
|     |                  | Give specific                    | information about them   |                                   |                                |   |
| 26. |                  |                                  | s, trademarks, trade secrets, and other in<br>domain names, websites, proceeds from roy                  |                                   | ents                           |   |
|     |                  | Give specific                    | information about them   |                                   |                                |   |
| 27. |                  |                                  | es, and other general intangibles<br>permits, exclusive licenses, cooperative ass                        | sociation holdings, liquor licer  | nses, professional licenses    |   |
|     | ☐ Yes.           | Give specific                    | information about them   |                                   |                                |   |
| M   | oney or p        | property owe                     | ed to you?   |                                   |                                | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref          | unds owed t                      | o you  |                                   |                                |   |
|     | ■ No<br>□ Yes. 0 | Give specific                    | information about them, including whether y  | ou already filed the returns a    | and the tax years              |   |
|     | ■ No             | oles: Past due                   | e or lump sum alimony, spousal support, chi  | ld support, maintenance, divo     | orce settlement, property sett | tlement   |
| 30. | Examp            | oles: Unpaid v                   | neone owes you<br>vages, disability insurance payments, disab<br>; unpaid loans you made to someone else | ility benefits, sick pay, vacatio | on pay, workers' compensat     | ion, Social Security  |
|     | ■ No<br>□ Yes.   | Give specific                    | information  |                                   |                                |   |
| 31. |                  | ts in insuran<br>oles: Health, c | nce policies<br>disability, or life insurance; health savings ac   | ccount (HSA); credit, homeow      | vner's, or renter's insurance  |   |
|     | ■ Yes. I         | Name the ins                     | surance company of each policy and list its v<br>Company name:   | value.<br>Beneficia               | ary:                           | Surrender or refund value:  |
|     |                  |                                  | Nationwide Homeowners Ins  | sur. none.                        |                                | \$0.00  |
|     | If you a         |                                  | perty that is due you from someone who iciary of a living trust, expect proceeds from                    |                                   | currently entitled to receive  | property because  |
|     | ☐ Yes.           | Give specific                    | information  |                                   |                                |   |
| 33. |                  |                                  | d parties, whether or not you have filed a<br>s, employment disputes, insurance claims,                  |                                   | l for payment                  |   |

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|                    |  |                            | •                                 |              |
|--------------------|--|----------------------------|-----------------------------------|--------------|
| Debtor 1           | Jonathan Alvin Adams   |                            | Case number (if known)            |              |
| ☐ Yes              | . Describe each claim  |                            |                                   |              |
| 34. <b>Other</b>   | contingent and unliquidated claims of every nature, inclu                                    | ding counterclaims o       | of the debtor and rights to set o | off claims   |
| ■ No               |  |                            |                                   |              |
| ☐ Yes              | . Describe each claim  |                            |                                   |              |
| 35 Anv fi          | inancial assets you did not already list   |                            |                                   |              |
| ■ No               |  |                            |                                   |              |
| ☐ Yes              | s. Give specific information   |                            |                                   |              |
|                    |  |                            |                                   |              |
|                    | the dollar value of all of your entries from Part 4, includin Part 4. Write that number here |                            | -                                 | \$3,342.91   |
| 101 1              | art 4. Write that number nere  |                            |                                   | <u> </u>     |
| Part 5: D          | escribe Any Business-Related Property You Own or Have an Inter                               | est In. List any real esta | te in Part 1.                     |              |
| 37. <b>Do yo</b> u | ı own or have any legal or equitable interest in any business-relate                         | ed property?               |                                   |              |
| ■ No. G            | Go to Part 6.  |                            |                                   |              |
| ☐ Yes.             | Go to line 38.   |                            |                                   |              |
|                    |  |                            |                                   |              |
| Part 6: D          | escribe Any Farm- and Commercial Fishing-Related Property You                                | Own or Have an Interes     | + In                              |              |
|                    | you own or have an interest in farmland, list it in Part 1.                                  | Own or have an interes     | ot III.                           |              |
| 40. <b>D</b> a     |  |                            | ar malata di mana anti 20         |              |
|                    | ou own or have any legal or equitable interest in any farm-<br>b. Go to Part 7.              | or commercial fishin       | g-related property?               |              |
|                    |  |                            |                                   |              |
| ⊔ Ye               | es. Go to line 47.   |                            |                                   |              |
| Part 7:            | Describe All Property You Own or Have an Interest in That You                                | Did Not List Above         |                                   |              |
| rail 1.            | Describe All Property You Own of have an interest in That You                                | I DIU NOI LISI ADOVE       |                                   |              |
|                    | ou have other property of any kind you did not already list?                                 | ?                          |                                   |              |
| Exan<br>■ No       | nples: Season tickets, country club membership   |                            |                                   |              |
|                    | s. Give specific information   |                            |                                   |              |
| □ 165              | s. Give specific information   |                            |                                   |              |
| 54. <b>Add</b>     | the dollar value of all of your entries from Part 7. Write that                              | at number here             |                                   | \$0.00       |
|                    | ŕ  |                            |                                   |              |
| Part 8:            | List the Totals of Each Part of this Form  |                            |                                   |              |
| 55 Dart            | 1: Total real estate, line 2   |                            |                                   | ¢664 594 00  |
|                    | 2: Total vehicles, line 5  | \$800.00                   |                                   | \$664,584.00 |
|                    | 3: Total personal and household items, line 15   | \$1,450.00                 |                                   |              |
|                    | 4: Total financial assets, line 36   | \$3,342.91                 |                                   |              |
|                    | 5: Total business-related property, line 45  | \$0.00                     |                                   |              |
|                    | 6: Total farm- and fishing-related property, line 52   | \$0.00                     |                                   |              |
|                    | 7: Total other property not listed, line 54 +  | \$0.00                     |                                   |              |
|                    |  |                            |                                   |              |
| 62. <b>Tota</b>    | al personal property. Add lines 56 through 61  | \$5,592.91                 | Copy personal property total      | \$5,592.9    |
| 63. <b>Tota</b>    | al of all property on Schedule A/B. Add line 55 + line 62                                    |                            |                                   | ¢670.470.04  |
| oo. Iula           | in or an property on ounedule A/D. Add line 55 + life 62                                     |                            |                                   | \$670,176.91 |

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| Fi                       | ll in this inform  | nation to identify your o   | case:                          |   |                               |   |  |
|--------------------------|--|---|--------------------------------|---|-------------------------------|---|--|
| De                       | ebtor 1  | Jonathan Alvin Ad   |                                |   |                               |   |  |
| De                       | ebtor 2  | First Name  | N                              | liddle Name   | L                             | ast Name  |  |
|                          | pouse if, filing)  | First Name  | N                              | fiddle Name   | L                             | ast Name  |  |
| Ur                       | nited States Bar   | nkruptcy Court for the:   | DISTE                          | RICT OF MARYLAND  |                               |   |  |
| Ca                       | ase number   |   |                                |   |                               |   |  |
|                          | known)   |   |                                |   |                               |   | ☐ Check if this is an amended filing   |
| O                        | fficial Fo   | rm 106C   |                                |   |                               |   |  |
| S                        | chedule  | e C: The Pro  | per                            | ty You Cla  | aim                           | as Exempt   | 4/19   |
| the<br>nee               | property you lis   | sted on <i>Schedule A/B: P</i><br>d attach to this page as r                  | roperty                        | (Official Form 106A/B)  | as yo                         | our source, list the property that you  | or supplying correct information. Using claim as exempt. If more space is additional pages, write your name and  |
| spe<br>any<br>fun<br>exe | ecific dollar and a policable standard and a policable standard and a policable and a policabl | nount as exempt. Alteri<br>atutory limit. Some exe<br>nlimited in dollar amou | natively<br>mption<br>int. Hov | r, you may claim the f<br>s—such as those for<br>vever, if you claim ar | full fai<br>r healt<br>n exen | r market value of the property be<br>th aids, rights to receive certain b<br>option of 100% of fair market valu | One way of doing so is to state a<br>sing exempted up to the amount of<br>penefits, and tax-exempt retirement<br>the under a law that limits the<br>t, your exemption would be limited |
| Pa                       | art 1: Identif   | y the Property You Cla  | im as E                        | xempt   |                               |   |  |
| 1.                       |  | -   |                                | -   | n if vo                       | ur spouse is filing with you.   |  |
|                          | _  | aiming state and federal  | •                              | •   | •                             | , , ,   |  |
|                          |  | aiming federal exemption  |                                | . , .   | 11 0.0                        | 3.0. § 022(b)(0)  |  |
| 2                        |  | ,   |                                | • ( )( )  |                               | fill in the information below   |  |
| ۷.                       |  | on of the property and line   |                                | Current value of the  | • •                           | fill in the information below.  | Specific laws that allow exemption   |
|                          |  | that lists this property  | OII                            | portion you own   | AIIIC                         | ount of the exemption you claim   | Specific laws that allow exemption   |
|                          |  |   |                                | Copy the value from<br>Schedule A/B                                     | Che                           | ck only one box for each exemption.   |  |
|                          |  | Bowie Parkway Upp<br>ID 20774 Prince Geo                                      |                                | \$664,584.00  |                               | \$23,675.00   | Md. Code Ann., Cts. & Jud.<br>Proc. § 11-504(f)(1)(i)(2)   |
|                          | County<br>Deed Ref: /2   | 29548/ 00358<br>nedule A/B: 1.1   | <b></b>                        |   |                               | 100% of fair market value, up to any applicable statutory limit   |  |
|                          |  | 320i 169433 miles<br>c - Sedan/Saloon   |                                | \$100.00  |                               | \$100.00  | Md. Code Ann., Cts. & Jud.<br>Proc. § 11-504(b)(5)   |
|                          | VIN: WBAA  | G330XD9000714<br>nedule A/B: 3.1  |                                |   |                               | 100% of fair market value, up to any applicable statutory limit   | 1.00.3 1.00 ((0)(0)  |
|                          | 1984 BMW   | 633csi 133044 miles   |                                | \$200.00  |                               | \$200.00  | Md. Code Ann., Cts. & Jud.<br>Proc. § 11-504(b)(5)   |
|                          | sedan,hard<br>VIN: WBAE  |   |                                |   |                               | 100% of fair market value, up to any applicable statutory limit   |  |
|                          | 1991 Jagua<br>color: black   | r XJS V12 88257 mile  | es                             | \$500.00  |                               | \$500.00  | Md. Code Ann., Cts. & Jud.<br>Proc. § 11-504(b)(5)   |
|                          | Juliui . Diacr   | •   |                                |   |                               |   | 1 100. 3 11-007(D)(J)  |

Official Form 106C

100% of fair market value, up to any applicable statutory limit

VIN: SAJTW5843MC177633

Line from Schedule A/B: 3.3

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| tor 1                           | Jonathan Alvin Adams   |                                      |     | Case number (if known)  |   |
|---------------------------------|--|--------------------------------------|-----|---|---|
|                                 | description of the property and line on dule A/B that lists this property  | Current value of the portion you own |     | ount of the exemption you claim                                 | Specific laws that allow exemptio                       |
|                                 |  | Copy the value from<br>Schedule A/B  | CHE | eck only one box for each exemption.                            |   |
| table                           | ch(2), love seat(2), coffee<br>e(2), end table(2), lamps(2),   | \$750.00                             |     | \$750.00  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(b)(4)       |
| micr<br>bed(<br>close<br>fire p | ge, freezer, dish washer, owave, oven, washer and dryer, 2), night stand(2), wardrobe et(2), lounge chair(2) patio set, bit, etc. from Schedule A/B: 6.1 |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
|                                 | phone<br>from Schedule A/B: 7.1  | \$50.00                              |     | \$50.00   | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(b)(4)       |
| Lille i                         | Ioni Schedule A.B. 1.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit | F100. § 11-304(D)(4)                                    |
| Pain<br>fram                    | tings (7), photos and picture  | \$250.00                             |     | \$250.00  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(b)(5)       |
| Line f                          | from Schedule A/B: 8.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
|                                 | ous men's clothing; shirts, pants,<br>ks, sweats, dress shirts, ties, sun  | \$200.00                             |     | \$200.00  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(b)(4)       |
| glas:<br>sanc                   | ses, coats, boots, sneakers,<br>dals, hats, gloves, suits etc.<br>from Schedule A/B: 11.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit | 3   |
|                                 | ch, wedding band   | \$200.00                             |     | \$200.00  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(b)(5)       |
|                                 |  |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
| <b>Casl</b><br>Line f           | 1<br>from <i>Schedule A/B</i> : <b>16.1</b>  | \$20.00                              |     | \$20.00   | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(b)(5)       |
|                                 |  |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
|                                 | cking - 8406: Premier Bank   | \$500.00                             |     | \$500.00  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(b)(5)       |
|                                 |  |                                      |     | 100% of fair market value, up to any applicable statutory limit | • (,,,,   |
|                                 | cking - 6780: M&T Bank<br>en by M&T  | \$2,783.55                           |     | \$2,783.55  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(b)(5)       |
|                                 | from Schedule A/B: <b>17.2</b>   |                                      |     | 100% of fair market value, up to any applicable statutory limit | • (,,,,   |
|                                 | iness Checking - 8043: M&T Bank  | \$25.00                              |     | \$25.00   | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(f)(1)(i)(1) |
|                                 |  |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
|                                 | eritus, LLC - not generating me, shell company.  | \$0.00                               |     | \$0.00  | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(b)(5)       |
| 100 ʻ                           | % ownership<br>from <i>Schedule A/B</i> : 19.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
| Pens                            | sion: UBS Financial Services,  | \$14.36                              |     | \$14.36   | Md. Code Ann., Cts. & Jud<br>Proc. § 11-504(h)          |
|                                 | from Schedule A/B: 21.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |

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| Debto | or 1 <u>Jo</u> | onathan Alvin Adams  | Case number (if known)           |  |
|-------|----------------|--|----------------------------------|--|
|       | •              | claiming a homestead exemption of more than \$170,350? to adjustment on 4/01/22 and every 3 years after that for cases filed on or | r after the date of adjustment.) |  |
|       | No             |  |                                  |  |
|       | ☐ Yes          | s. Did you acquire the property covered by the exemption within 1,215 day  | s before you filed this case?    |  |
|       |                | No   |                                  |  |
|       |                | Yes  |                                  |  |

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| =::::::::::::::::::::::::::::::::::::::                       |  |  |                  |  |  |                          |
|---|--|--|------------------|--|--|--------------------------|
| Fill in this informa  | ition to identify you  | ur case:   |                  |  |  |                          |
| Debtor 1  | Jonathan Alvin First Name  | Adams Middle Name  | Last Name        |  |  |                          |
| Debtor 2  |  | AA' LU AL  |                  |  |  |                          |
| (Spouse if, filing)   | First Name   | Middle Name  | Last Name        |  |  |                          |
| United States Bank  | ruptcy Court for the   | : DISTRICT OF MARYLAND   |                  |  |  |                          |
| Case number   |  |  |                  |  |  |                          |
| (if known)  |  |  |                  |  |  | t if this is an          |
|   |  |  |                  |  | amen   | ded filing               |
| Official Form   | 106D   |  |                  |  |  |                          |
| Schedule D  | ): Creditors   | Who Have Claims  | Secure           | d by Property  | ٧  | 12/15                    |
| is needed, copy the A number (if known).                      | dditional Page, fill it  | If two married people are filing togethe out, number the entries, and attach it t  |                  |  |  |                          |
| 1. Do any creditors ha  |  | this form to the court with your other   | echodulos V      | ou have nothing also t                                 | o roport on this form                        |                          |
| _   | Il of the information  | ŕ  | scriedules. 1    | ou have nothing else to                                | o report on this form.                       |                          |
|   | Secured Claims   | below.   |                  |  |  |                          |
|   |  | more then one appured claim list the area  | ditor congretaly | Column A   | Column B                                     | Column C                 |
| for each claim. If more                                       | e than one creditor has  | more than one secured claim, list the cress a particular claim, list the other creditors ical order according to the creditor's name   | in Part 2. As    | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Wells Fargo   | Hm Mortgag   | Describe the property that secures to 14003 Mary Bowie Parkway   |                  | \$564,295.00   | \$664,584.00                                 | \$0.00                   |
| Po Box 103: Des Moines  Number, Street, Ci  Who owes the debt | s, IA 50306<br>ity, State & Zip Code                                     | Marlboro, MD 20774 Prince Georges County Deed Ref: /29548/ 00358  As of the date you file, the claim is: dapply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply. | Check all that   |  |  |                          |
| Debtor 1 only   |  | An agreement you made (such as r car loan)   | mortgage or sec  | cured  |  |                          |
| ☐ Debtor 2 only ☐ Debtor 1 and Debt                           | or 2 only  | ☐ Statutory lien (such as tax lien, med  | chanic's lien)   |  |  |                          |
| ☐ At least one of the   | debtors and another  | ☐ Judgment lien from a lawsuit   | ,                |  |  |                          |
| ☐ Check if this clair community debt                          |  | Other (including a right to offset)  |                  |  |  |                          |
| Date debt was incurr  | Opened<br>03/08 Last<br>Active<br>and 3/07/19                            | Last 4 digits of account numb  | per 9415         |  |  |                          |
|   |  |  |                  |  |  |                          |
|   | •  | Column A on this page. Write that numl   | ber here:        | \$564,29   | 5.00   |                          |
| If this is the last pa<br>Write that number                   |  | the dollar value totals from all pages.  |                  | \$564,29   | 5.00   |                          |
| Part 2: List Other  | rs to Be Notified fo   | or a Debt That You Already Listed  |                  |  |  |                          |
| Use this page only if trying to collect from                  | you have others to be<br>n you for a debt you co<br>any of the debts tha | oe notified about your bankruptcy for a<br>owe to someone else, list the creditor i<br>t you listed in Part 1, list the additional   | n Part 1, and t  | hen list the collection ag                             | gency here. Similarly, if                    | you have more            |
| Name, Number  | r, Street, City, State &   | Zip Code   | On whi           | ch line in Part 1 did you ei                           | oter the creditor? 21                        |                          |
| Shapiro &   | Brown, LLP   | •  |                  | •  |  |                          |
| Suite 200   | s Ford Road  |  | Last 4 o         | digits of account number _                             | _  |                          |

Official Form 106D

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| Debtor 1 | or 1 Jonathan Alvin Adams |             | Case number (if known) |   |  |
|----------|---------------------------|-------------|------------------------|---|--|
|          | First Name                | Middle Name | Last Name              | - |  |

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|  | Case  | 19-10043                                | DOC 1                        | i ilea oo/ i        | 3/13 1        | age 21 0               | 40            |                    |            |
|--|---|---|------------------------------|---------------------|---------------|------------------------|---------------|--------------------|------------|
| Fill in this                               | information to identify your  | case:                                   |                              |                     |               |                        |               |                    |            |
| Debtor 1                                   | Jonathan Alvin A  | dama                                    |                              |                     |               |                        |               |                    |            |
| Depior                                     | First Name  | Middle Nam                              | e                            | Last Name           |               |                        |               |                    |            |
| Debtor 2                                   |   |   |                              |                     |               |                        |               |                    |            |
| (Spouse if, fili                           | ing) First Name   | Middle Nam                              | е                            | Last Name           |               |                        |               |                    |            |
| United Sta                                 | ates Bankruptcy Court for the:  | DISTRICT OF                             | MARYLAND                     |                     |               |                        |               |                    |            |
| Case num                                   | ber   |   |                              |                     |               |                        |               |                    |            |
| (if known)                                 |   |   |                              |                     |               |                        |               | Check if this is   | s an       |
|  |   |   |                              |                     |               |                        |               | amended filing     | g          |
| Official                                   | Γονικο 40CΓ/Γ   |   |                              |                     |               |                        |               |                    |            |
|  | Form 106E/F   | //                                      | l                            | -l Olai             |               |                        |               | 40                 | 14 F       |
| Schedi                                     | ule E/F: Creditors W  | no Have L                               | Insecure                     | d Claims            |               |                        |               | 12                 | /15        |
| Schedule D<br>left. Attach t<br>name and c | <ul> <li>Executory Contracts and Unexp</li> <li>Creditors Who Have Claims Sec</li> <li>the Continuation Page to this pag</li> <li>ase number (if known).</li> </ul> | ured by Property.<br>je. If you have no | If more space information to | is needed, copy     | the Part you  | need, fill it out,     | number the    | entries in the bo  | xes on the |
| Part 1:                                    | List All of Your PRIORITY Un  | secured Claims                          | S                            |                     |               |                        |               |                    |            |
| 1. Do any                                  | creditors have priority unsecure  | d claims against                        | you?                         |                     |               |                        |               |                    |            |
| No.  | Go to Part 2.   |   |                              |                     |               |                        |               |                    |            |
| ☐ Yes                                      | <b>3</b> .  |   |                              |                     |               |                        |               |                    |            |
| Part 2:                                    | List All of Your NONPRIORIT   | Y Unsecured C                           | laims                        |                     |               |                        |               |                    |            |
| 3. Do any                                  | creditors have nonpriority unsec  | cured claims agai                       | nst you?                     |                     |               |                        |               |                    |            |
| ☐ No.                                      | You have nothing to report in this p  | art. Submit this for                    | m to the court wi            | th your other sche  | edules.       |                        |               |                    |            |
| ■ Yes                                      | <b>.</b>  |   |                              |                     |               |                        |               |                    |            |
|  |   |   |                              |                     |               |                        |               |                    |            |
| unsecu                                     | of your nonpriority unsecured clured claim, list the creditor separately ne creditor holds a particular claim, line   | y for each claim. Fo                    | or each claim list           | ed, identify what   | type of claim | it is. Do not list cla | aims already  | included in Part 1 | . If more  |
|  |   |   |                              |                     |               |                        |               | Total claim        |            |
| 4.1 <b>A</b>                               | mer Col Ent   | L                                       | ast 4 digits of a            | ccount number       | 1225          |                        |               |                    | \$50.00    |
|  | onpriority Creditor's Name  |   | ū                            |                     |               |                        |               |                    | 7          |
|  | 094d Franconia Rd   | W                                       | hen was the de               | ebt incurred?       | Opened        | 4/03/19                |               |                    |            |
|  | lexandria, VA 22310<br>umber Street City State Zip Code   | A                                       | s of the date vo             | u file, the claim   | is: Check all | that apply             |               |                    |            |
|  | ho incurred the debt? Check one.  |   |                              | ,                   |               | шас арр.у              |               |                    |            |
|  | Debtor 1 only   | Г                                       | Contingent                   |                     |               |                        |               |                    |            |
|  | Debtor 2 only   |   | Unliquidated                 |                     |               |                        |               |                    |            |
|  | Debtor 1 and Debtor 2 only  |   | Disputed                     |                     |               |                        |               |                    |            |
|  | At least one of the debtors and and   | _                                       | -1                           | ORITY unsecure      | d claim:      |                        |               |                    |            |
|  | Check if this claim is for a com  | го.                                     | Student loans                |                     |               |                        |               |                    |            |
| de   | the claim subject to offset?  | Ĺ                                       | Obligations ari              |                     | aration agree | ment or divorce th     | at you did no | ot                 |            |
|  | No  |   | Debts to pensi               | on or profit-sharin | ng plans, and | other similar deb      | ts            |                    |            |
|  | l <sub>Yes</sub>  |   | Other. Specify               | Medical             |               |                        |               |                    |            |

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| Debtor | 1 Jonathan Alvin Adams   |  | Case number (if known)                        |            |  |  |  |
|--------|--|--|---|------------|--|--|--|
| 4.2    | American Collections E  Nonpriority Creditor's Name                  | Last 4 digits of account number                              | 1224  | \$112.00   |  |  |  |
|        | 6094d Franconia Rd<br>Alexandria, VA 22310                           | When was the debt incurred?                                  | Opened 04/19                                  |            |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim                           | is: Check all that apply                      |            |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |  |  |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |  |  |  |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |  |  |  |
|        | Yes  | Other. Specify Faculty Ph                                    | Attorney Univ Of Maryland<br>ys               |            |  |  |  |
| 4.3    | American Collections E Nonpriority Creditor's Name                   | Last 4 digits of account number                              | 1223  | \$54.00    |  |  |  |
|        | 6094d Franconia Rd<br>Alexandria, VA 22310                           | When was the debt incurred?                                  | Opened 04/19                                  |            |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim                           | is: Check all that apply                      |            |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |  |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |  |  |  |
|        | ☐ Check if this claim is for a community                             | Student loans  |   |            |  |  |  |
|        | debt Is the claim subject to offset?                                 | report as priority claims                                    | aration agreement or divorce that you did not |            |  |  |  |
|        | No   | Debts to pension or profit-sharing                           |   |            |  |  |  |
|        | Yes  | Other. Specify  Collection Faculty Ph                        | Attorney Univ Of Maryland<br>ys               |            |  |  |  |
| 4.4    | Navy Federal Cr Union Nonpriority Creditor's Name                    | Last 4 digits of account number                              | 3175  | \$1,008.00 |  |  |  |
|        | 820 Follin Lane Se<br>Vienna, VA 22180                               | When was the debt incurred?                                  | Opened 6/25/02 Last Active 1/02/18            |            |  |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|        | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:             |   |            |  |  |  |
|        | ☐ At least one of the debtors and another                            |  |   |            |  |  |  |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |  |  |  |
|        | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |  |  |  |
|        | Yes  | ■ Other. Specify Credit Care                                 | d   |            |  |  |  |

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| Debtor | 1 Jonathan Alvin Adams   | Case number (if known)  |   |            |  |  |  |
|--------|--|---|---|------------|--|--|--|
| 4.5    | Oak Creek Club Homeowners<br>Association, I  | Last 4 digits of account number   | 9183  | \$5,986.40 |  |  |  |
|        | Nonpriority Creditor's Name<br>c/o Gregory Alexandrides, LLC<br>821 West Street<br>Annapolis, MD 21401 | When was the debt incurred?   | 1/15/2019                                     | _          |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                                    | As of the date you file, the claim  |   |            |  |  |  |
|        | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent☐ Unliquidated  |   |            |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                                 | ☐ Disputed  Type of NONPRIORITY unsecure                                      | d claim:                                      |            |  |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?                          | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |            |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |  |  |  |
|        | Yes  | Other. Specify HOA collect  | tion  |            |  |  |  |
| 4.6    | Washington Gas Nonpriority Creditor's Name   | \$1,122.35  |   |            |  |  |  |
|        | 101 Constitution Ave., NW<br>Washington, DC 20080  | When was the debt incurred?   |   |            |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                                    |   |   |            |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |   |            |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |   |            |  |  |  |
|        | debt Is the claim subject to offset?   | report as priority claims   | aration agreement or divorce that you did not |            |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |  |  |  |
|        | Yes  | Other. Specify Utility  |   |            |  |  |  |
| 4.7    | WSSC Nonpriority Creditor's Name   | Last 4 digits of account number   | 2377  | \$1,610.58 |  |  |  |
|        | 14501 Sweitzer Ln<br>Laurel, MD 20707  | When was the debt incurred?   |   |            |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                                    | As of the date you file, the claim  | is: Check all that apply                      |            |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |   |            |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |  |  |
|        | $\square$ Check if this claim is for a community debt  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> |   |            |  |  |  |
|        | Is the claim subject to offset?  | report as priority claims   |   |            |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |  |  |  |
|        | Yes  | Other. Specify Utility  |   |            |  |  |  |

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| Debtor                           | 1 <u>J</u>    | onathan                   | Alvin Adams                               |  | Case nu   | ımber (if known)  |                        |  |  |  |
|----------------------------------|---------------|---------------------------|---|--|---|---|------------------------|--|--|--|
| 4.8                              | Xfin          | nity                      |   | Last 4 digits of account numbe   | er 1067   |   | \$1,655.82             |  |  |  |
|                                  | P.O           | . Box 21                  | ditor's Name<br>428<br>MN 55121-0428      | When was the debt incurred?  |   |   |                        |  |  |  |
| -                                | Num           | ber Street (              | City State Zip Code  che debt? Check one. | As of the date you file, the clair   | <b>n is:</b> Check                                    | all that apply  |                        |  |  |  |
|                                  | ■ D           | ebtor 1 onl               | у   | ☐ Contingent   |   |   |                        |  |  |  |
|                                  | □ D           | ebtor 2 onl               | у   | ☐ Unliquidated   |   |   |                        |  |  |  |
|                                  | ΠD            | ebtor 1 and               | d Debtor 2 only                           | ☐ Disputed   |   |   |                        |  |  |  |
|                                  | ПА            | t least one               | of the debtors and another                | Type of NONPRIORITY unsecui  | red claim:  |   |                        |  |  |  |
|                                  | □с            | heck if thi               | s claim is for a community                | ☐ Student loans  |   |   |                        |  |  |  |
|                                  | debt          |                           |   | ☐ Obligations arising out of a separation agreement or divorce that you did not  |   |   |                        |  |  |  |
|                                  |               |                           | bject to offset?                          | report as priority claims  |   |   |                        |  |  |  |
|                                  | N             | 0                         |   | Debts to pension or profit-sha   | ring plans, a   | and other similar debts                                       |                        |  |  |  |
|                                  | ПΥ            | es                        |   | Other. Specify Utility   |   |   |                        |  |  |  |
| Part 3:                          | Li            | st Others                 | s to Be Notified About a De               | ebt That You Already Listed  |   |   |                        |  |  |  |
| is tryin<br>have n               | ng to<br>nore | collect fro<br>than one c | m you for a debt you owe to s             | about your bankruptcy, for a debt tha<br>omeone else, list the original creditor<br>at you listed in Parts 1 or 2, list the ad<br>or submit this page. | in Parts 1  | or 2, then list the collection agency h                       | ere. Similarly, if you |  |  |  |
| Name an                          |               |                           |   | On which entry in Part 1 or Part 2 did yo  |   | 9   |                        |  |  |  |
|                                  |               | w Grou                    |   |  |   | Creditors with Priority Unsecured Claims                      |                        |  |  |  |
| 6931 Arlington Road<br>Suite 550 |               |                           | au  |  | ■ Part 2: 0   | Creditors with Nonpriority Unsecured Cla                      | aims                   |  |  |  |
|                                  |               | MD 208                    | 14  | Last 4 digits of account number  |   |   |                        |  |  |  |
| Name an                          |               | dress<br>aw Grou          | p. LLC                                    | On which entry in Part 1 or Part 2 did you Line <b>4.7</b> of ( <i>Check one</i> ):  |   | riginal creditor?<br>Creditors with Priority Unsecured Claims |                        |  |  |  |
| P.O. B                           |               |                           | r,  | <del></del>  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |   |                        |  |  |  |
| Cabin                            | Joh           | n, MD 20                  | 0818-0219                                 | Last 4 digits of account number  | — T art 2. V  | oreanors with Noripholity Orisecured On                       | ums                    |  |  |  |
| Part 4:                          | A             | dd the Ar                 | mounts for Each Type of U                 | nsecured Claim   |   |   |                        |  |  |  |
|                                  |               | mounts of ecured cla      |   | nims. This information is for statistical  | I reporting   | purposes only. 28 U.S.C. §159. Add t                          | he amounts for each    |  |  |  |
|                                  |               |                           |   |  |   | Total Claim   |                        |  |  |  |
|                                  | Γotal<br>aims | 6a.                       | Domestic support obligation               | s  | 6a.   | \$0.00_   |                        |  |  |  |
| from Pa                          | art 1         | 6b.                       | Taxes and certain other deb               | •  | 6b.   | \$ 0.00   |                        |  |  |  |
|                                  |               | 6c.                       | •   | I injury while you were intoxicated  | 6c.   | \$ 0.00   |                        |  |  |  |
|                                  |               | 6d.                       | Other. Add all other priority un          | secured claims. Write that amount here.  | 6d.   | \$  | $\neg$                 |  |  |  |
|                                  |               | 6e.                       | Total Priority. Add lines 6a th           | rough 6d.  | 6e.   | \$  |                        |  |  |  |
|                                  |               |                           |   |  |   | Total Claim   |                        |  |  |  |
| Т                                | Γotal         | 6f.                       | Student loans                             |  | 6f.   | \$0.00  |                        |  |  |  |
| cla<br>from Pa                   | aims<br>art 2 | 6g.                       | Obligations arising out of a              | separation agreement or divorce that   |   |   |                        |  |  |  |
|                                  |               |                           | you did not report as priority            | claims   | 6g.   | \$ 0.00   |                        |  |  |  |
|                                  |               | 6h.<br>6i.                |   | naring plans, and other similar debts  | 6h.<br>6i.  | \$0.00  |                        |  |  |  |
|                                  |               | OI.                       | here.                                     | y unsecured claims. Write that amount  | OI.   | \$ 11,599.15  | $\neg$                 |  |  |  |
|                                  |               | 6j.                       | Total Nonpriority. Add lines 6            | if through 6i.   | 6j.   | \$ 11,599.15  |                        |  |  |  |

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| Fill in this inform | nation to identify your |                      |           |  |                       |
|---------------------|-------------------------|----------------------|-----------|--|-----------------------|
| Debtor 1            | Jonathan Alvin A        |                      |           |  |                       |
|                     | First Name              | Middle Name          | Last Name |  |                       |
| Debtor 2            |                         |                      |           |  |                       |
| (Spouse if, filing) | First Name              | Middle Name          | Last Name |  |                       |
| United States Ba    | nkruptcy Court for the: | DISTRICT OF MARYLAND |           |  |                       |
| Case number         |                         |                      |           |  | ☐ Check if this is an |
| , ,                 |                         |                      |           |  | amended filing        |

#### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number | whom you have the Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | _                                       |
|     | City      |                              | State   | ZIP Code            | _                                       |
| 2.2 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | <u> </u>                                |
|     | City      |                              | State   | ZIP Code            | <u> </u>                                |
| 2.3 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | _                                       |
|     | City      |                              | State   | ZIP Code            | <del>_</del>                            |
| 2.4 | ,         |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | _                                       |
|     | City      |                              | State   | ZIP Code            | _                                       |
| 2.5 | 2,        |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | _                                       |
|     | City      |                              | State   | ZIP Code            | <u> </u>                                |

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|                              |  |   |   |  | 1   |
|------------------------------|--|---|---|--|---|
| Fill in this                 | s information to identify you                                    | ır case:  |   |  |   |
| Debtor 1                     | Jonathan Alvin   |   |   |  |   |
| Debtor 2                     | First Name   | Middle Name   | Last Name   |  |   |
| (Spouse if, fil              | ing) First Name  | Middle Name   | Last Name   |  |   |
| United Sta                   | ates Bankruptcy Court for the                                    | DISTRICT OF MARYLA                                      | AND   |  |   |
| Case num<br>(if known)       | nber   |   |   |  | ☐ Check if this is an amended filing  |
|                              | al Form 106H<br>dule H: Your Co                                  | debtors   |   |  | 12/15   |
| people are<br>fill it out, a | e filing together, both are ed                                   | qually responsible for supple boxes on the left. Attacl | olying correct informat<br>In the Additional Page t | ion. If more space is                                | rate as possible. If two married<br>needed, copy the Additional Page,<br>op of any Additional Pages, write          |
| 1. Do                        | you have any codebtors? (  | If you are filing a joint case,                         | do not list either spouse                           | as a codebtor.                                       |   |
| ■ No                         |  |   |   |  |   |
|                              | thin the last 8 years, have yona, California, Idaho, Louisian    |   |   |  | ty states and territories include<br>)  |
|                              | . Go to line 3.<br>s. Did your spouse, former sp                 | ouse, or legal equivalent liv                           | e with you at the time?                             |  |   |
| in line<br>Form              | e 2 again as a codebtor only                                     | y if that person is a guarar                            | ntor or cosigner. Make                              | sure you have listed t                               | ng with you. List the person shown<br>the creditor on Schedule D (Official<br>, Schedule E/F, or Schedule G to fill |
|                              | Column 1: Your codebtor<br>Name, Number, Street, City, State and | ZIP Code  |   | Column 2: The cr<br>Check all schedul                | editor to whom you owe the debt es that apply:  |
| 3.1                          | Name   |   |   | _ ☐ Schedule D, lin☐ Schedule E/F,☐ Schedule G, lin☐ | line  |
|                              | Number Street<br>City  | State   | ZIP Code  | _  |   |
| 3.2                          | Name   |   |   | _ ☐ Schedule D, lin☐ Schedule E/F,☐ Schedule G, lin☐ | line  |
| •                            | Number Street  | State   | 7IP Code  | _  |   |

| Fill        | in this information to identify y  | our case:  |  |              |      |  |   |  |          |
|-------------|--|--|--|--------------|------|--|---|--|----------|
| Del         | btor 1 <b>Jonatha</b>  | n Alvin Adams  |  |              |      |  |   |  |          |
|             | btor 2<br>puse, if filing)   |  |  |              | _    |  |   |  |          |
| Uni         | ited States Bankruptcy Court fo  | or the: DISTRICT OF MARY                                       | LAND   |              |      |  |   |  |          |
|             | se number<br>  |  | -  |              |      |  | ed filing<br>ent show                               | wing postpetition<br>e following date: |          |
| 0           | fficial Form 106I  |  |  |              |      | MM / DD/ Y                             | YYY   |  |          |
| S           | chedule I: Your I  | ncome  |  |              |      |  |   |  | 12/15    |
| spo<br>atta | plying correct information. It use. If you are separated and ich a separate sheet to this for the separate sheet she | d your spouse is not filing w<br>orm. On the top of any additi | ith you, do not incl<br>ional pages, write y | ude inforr   | nati | on about your spo<br>I case number (if | ouse. If<br>known                                   | more space is<br>). Answer every       | needed,  |
| ••          | information.   |  | Debtor 1                                     |              |      |  |   | n-filing spouse                        |          |
|             | If you have more than one job, attach a separate page with information about additional  | b, Employment status   | ☐ Employed  ■ Not employed                   | _            |      |  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |  |          |
|             | employers.   | Occupation   |  |              |      | Record                                 | s Mgn   | nt                                     |          |
|             | Include part-time, seasonal, self-employed work.   | or Employer's name   |  |              |      | Barnall                                | en Ted  | ch                                     |          |
|             | Occupation may include stude or homemaker, if it applies.  | dent Employer's address  |  |              |      |  |   |  |          |
|             |  | How long employed t  | here?  |              |      |  | mont  | hs                                     |          |
| Par         | rt 2: Give Details Abou  | t Monthly Income   |  |              |      |  |   |  |          |
|             | imate monthly income as of tuse unless you are separated.  | the date you file this form. If                                | you have nothing to                          | report for   | any  | line, write \$0 in the                 | space.  | Include your nor                       | n-filing |
|             | ou or your non-filing spouse ha<br>e space, attach a separate she  |  | ombine the informati                         | on for all e | empl | oyers for that perso                   | on on th  | e lines below. If y                    | ou need  |
|             |  |  |  |              |      | For Debtor 1                           |   | Debtor 2 or<br>-filing spouse          |          |
| 2.          |  | salary, and commissions (buthly, calculate what the month      |  | 2.           | \$   | 0.00                                   | \$  | 8,522.80                               |          |
| 3.          | Estimate and list monthly  | overtime pay.  |  | 3.           | +\$  | 0.00                                   | +\$   | 0.00                                   |          |
| 4.          | Calculate gross Income. A  | add line 2 + line 3.   |  | 4.           | \$   | 0.00                                   | \$  | 8,522.80                               |          |

Official Form 106l Schedule I: Your Income page 1

| Deb | tor 1         | Jonathan Alvin Adams  | -           | Case           | e number (if known) |            |   |
|-----|---------------|---|-------------|----------------|---------------------|------------|---|
|     | Cop           | y line 4 here   | 4.          | Fo<br>\$       | r Debtor 1          |            | Debtor 2 or<br>-filing spouse<br>8,522.80 |
| 5.  | -             | all payroll deductions:   |             | · <del>-</del> |                     |            |   |
|     | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.         | \$             | 0.00                | \$         | 2,150.48                                  |
|     | 5b.           | Mandatory contributions for retirement plans  | 5b.         | \$             | 0.00                | \$         | 0.00                                      |
|     | 5c.           | Voluntary contributions for retirement plans  | 5c.         | \$             | 0.00                | \$         | 0.00                                      |
|     | 5d.           | Required repayments of retirement fund loans  | 5d.         | \$_            | 0.00                | \$         | 0.00                                      |
|     | 5e.           | Insurance   | 5e.         | \$_            | 0.00                | \$_        | 581.88                                    |
|     | 5f.           | Domestic support obligations  | 5f.         | \$_            | 0.00                | \$_        | 0.00                                      |
|     | 5g.<br>5h.    | Union dues Other deductions. Specify: Parking   | 5g.<br>5h.+ | \$_<br>- \$    | 0.00                | \$_<br>+\$ | 0.00<br>670.58                            |
|     | JII.          | BC HMO OA Option 14   | _ 511.4     | - Ψ<br>-       | 0.00                | 「¥—        | 312.95                                    |
|     |               | Voluntary EE AD&D   | _           | \$-            | 0.00                | \$<br>_    | 0.87                                      |
|     |               | Voluntary EE Life   | _           | \$-            | 0.00                | \$_        | 7.22                                      |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | _<br>6.     | \$             | 0.00                | \$         | 3,723.98                                  |
| 7.  |               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.          | \$             | 0.00                | \$         | 4,798.82                                  |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.         | 8a.         | \$             | 0.00                | \$         | 0.00                                      |
|     | 8b.           | Interest and dividends  | 8b.         | \$             | 0.00                | \$         | 0.00                                      |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.         | \$             | 0.00                | \$         | 0.00                                      |
|     | 8d.           | Unemployment compensation   | 8d.         | \$             | 0.00                | \$         | 0.00                                      |
|     | 8e.           | Social Security   | 8e.         | \$             | 0.00                | \$         | 0.00                                      |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Social Security | 8f.         | \$_            | 0.00                | \$         | 1,531.00                                  |
|     |               | Disability  |             | \$             | 1,871.50            | \$         | 0.00                                      |
|     | 8g.           | Pension or retirement income  | <br>8g.     | \$_            | 0.00                | \$         | 0.00                                      |
|     | 8h.           | Other monthly income. Specify:  | _ 8h.+      | - \$_          | 0.00                | + \$_      | 0.00                                      |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.          | \$_            | 1,871.50            | \$         | 1,531.00                                  |
| 10. |               | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$      |                | 1,871.50 + \$_      | 6,3        | 829.82 = \$ 8,201.32                      |
| 11. | Inclu<br>othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:                | depen       |                | •                   |            | Schedule J.<br>11. +\$0.00                |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |             |                |                     |            | 12. <b>\$ 8,201.32</b>                    |
| 13. | `             | you expect an increase or decrease within the year after you file this form   | ?           |                |                     |            | Combined monthly income                   |
|     |               | No.<br>Yes Explain:   |             |                |                     |            |   |

Official Form 106l Schedule I: Your Income page 2

| Eill  | in this informa            | ition to identify y                | our case:                 |   |                       | ı             |                                   |                               |
|-------|----------------------------|------------------------------------|---------------------------|---|-----------------------|---------------|-----------------------------------|-------------------------------|
|       |                            |                                    |                           |   |                       | Ol            | ala Mada da da                    |                               |
| Deb   | tor 1                      | Jonathan Al                        | vin Adam                  | 1S  |                       |               | ck if this is:  An amended filing |                               |
| Deb   | tor 2                      |                                    |                           |   |                       | _             | ŭ                                 | wing postpetition chapter     |
| (Spc  | ouse, if filing)           |                                    |                           |   |                       |               | 13 expenses as of                 | the following date:           |
| Unite | ed States Bankr            | ruptcy Court for the               | : DISTRI                  | CT OF MARYLAND  |                       | -             | MM / DD / YYYY                    |                               |
|       | e number<br>nown)          |                                    |                           |   |                       |               |                                   |                               |
| Of    | ficial Fo                  | orm 106J                           |                           |   |                       |               |                                   |                               |
| Sc    | chedule                    | J: Your                            | Exper                     | ises  |                       |               |                                   | 12/15                         |
| Be a  | as complete a              | and accurate as                    | s possible.<br>eded, atta | . If two married people ar                                  |                       |               |                                   |                               |
|       |                            | ribe Your House                    | ehold                     |   |                       |               |                                   |                               |
| 1.    | Is this a joir             |                                    |                           |   |                       |               |                                   |                               |
|       | ■ No. Go to                | = .                                | •                         | - ( -   |                       |               |                                   |                               |
|       |                            |                                    | ın a separ                | ate household?  |                       |               |                                   |                               |
|       |                            | -                                  | ot filo Offici            | al Form 106J-2, <i>Expense</i> s                            | for Congrete House    | shold of Dob  | tor 2                             |                               |
|       | шт                         | es. Debioi 2 mu                    | St file Offici            | ai Fullii 1005-2, Experises                                 | ioi Separate nouse    | eriola di Deb | 101 2.                            |                               |
| 2.    | Do you have                | e dependents?                      | ■ No                      |   |                       |               |                                   |                               |
|       | Do not list D<br>Debtor 2. | ebtor 1 and                        | ☐ Yes.                    | Fill out this information for each dependent                | Dependent's relation  |               | Dependent's age                   | Does dependent live with you? |
|       | Do not state               | the                                |                           |   |                       |               |                                   | □ No                          |
|       | dependents                 | names.                             |                           |   |                       |               |                                   | ☐ Yes                         |
|       |                            |                                    |                           |   |                       |               |                                   | □ No                          |
|       |                            |                                    |                           |   |                       |               | _                                 | ☐ Yes<br>☐ No                 |
|       |                            |                                    |                           |   |                       |               |                                   | □ No<br>□ Yes                 |
|       |                            |                                    |                           |   |                       |               |                                   | □ No                          |
|       |                            |                                    |                           |   |                       |               |                                   | ☐ Yes                         |
| 3.    |                            | enses include                      | . =                       | No  |                       |               |                                   |                               |
|       | •                          | f people other t<br>d your depende |                           | Yes   |                       |               |                                   |                               |
| Part  | t 2: Estim                 | ate Your Ongoi                     | ing Monthi                | y Expenses  |                       |               |                                   |                               |
| Esti  | imate your ex              | cpenses as of y                    | our bankr                 | uptcy filing date unless y<br>y is filed. If this is a supp |                       |               |                                   |                               |
| Incl  | ude expense                | es paid for with                   | non-cash                  | government assistance i                                     | f you know            |               |                                   |                               |
|       | icial Form 10              |                                    | iu iiave iiic             | nuded it on <i>Schedule I. 1</i>                            | our income            |               | Your exp                          | enses                         |
| 4.    |                            | or home owners                     |                           | ses for your residence. In                                  | nclude first mortgage | e<br>4. §     | 8                                 | 2,763.55                      |
|       | If not includ              | led in line 4:                     |                           |   |                       |               |                                   |                               |
|       | 4a. Real e                 | estate taxes                       |                           |   |                       | 4a. \$        | 8                                 | 0.00                          |
|       |                            | rty, homeowner'                    | s, or renter              | 's insurance  |                       | 4b. \$        |                                   | 0.00                          |
|       |                            |                                    |                           | ıpkeep expenses   |                       | 4c. \$        |                                   | 0.00                          |
| _     |                            | owner's associa                    |                           |   |                       | 4d. \$        |                                   | 195.00                        |
| 5.    | Additional r               | nortgage paym                      | ents for yo               | our residence, such as ho                                   | me equity loans       | 5. \$         |                                   | 259.00                        |

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| ebtor 1 _                  | Jonathan Alvin Adams   | Case num     | ber (if known)   |                          |
|----------------------------|--|--------------|------------------|--------------------------|
| 11                         |  |              |                  |                          |
| . <b>Utilitie</b><br>6a. l | <b>s:</b><br>Electricity, heat, natural gas  | 6a.          | ¢                | 300.00                   |
|                            |  | 6b.          | ·                |                          |
|                            | Water, sewer, garbage collection   |              | ·                | 315.00                   |
|                            | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | · .              | 0.00                     |
|                            | Other. Specify:  | 6d.          | *                | 0.00                     |
|                            | and housekeeping supplies  | 7.           | *                | 600.00                   |
| Childo                     | are and children's education costs   | 8.           | \$               | 0.00                     |
| Clothi                     | ng, laundry, and dry cleaning  | 9.           | \$               | 50.00                    |
| . Persoi                   | nal care products and services   | 10.          | \$               | 50.00                    |
| . Medica                   | al and dental expenses   | 11.          | \$               | 200.00                   |
|                            | portation. Include gas, maintenance, bus or train fare.  | 12.          | \$               | 200.00                   |
|                            | include car payments. ainment, clubs, recreation, newspapers, magazines, and books   | 13.          | · .              |                          |
|                            |  |              | ·                | 20.00                    |
|                            | able contributions and religious donations   | 14.          | <b>&gt;</b>      | 0.00                     |
| i. Insura                  |  |              |                  |                          |
|                            | include insurance deducted from your pay or included in lines 4 or 20.   | 150          | ¢                | 0.00                     |
|                            | Life insurance   | 15a.         | · ·              | 0.00                     |
|                            | Health insurance   | 15b.         | ·                | 0.00                     |
|                            | Vehicle insurance  | 15c.         | ·                | 0.00                     |
|                            | Other insurance. Specify:  | 15d.         | \$               | 0.00                     |
|                            | Do not include taxes deducted from your pay or included in lines 4 or 20.  |              |                  |                          |
| Specify                    |  | 16.          | \$               | 0.00                     |
|                            | ment or lease payments:<br>Car payments for Vehicle 1  | 17a.         | \$               | 0.00                     |
|                            | Car payments for Vehicle 2   | 17b.         | ·                | 0.00                     |
|                            | Other. Specify:  | 17c.         | ·                | 0.00                     |
|                            | Other. Specify:  | 17d.         | *                |                          |
|                            | oner. Specify.  payments of alimony, maintenance, and support that you did not report as   |              | Φ                | 0.00                     |
|                            | ted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).  |              | \$               | 0.00                     |
| Other                      | payments you make to support others who do not live with you.  |              | \$               | 0.00                     |
| Specify                    | <i>y</i> :   | 19.          |                  |                          |
| ). Other                   | real property expenses not included in lines 4 or 5 of this form or on Sche  | edule I: Yo  | our Income.      |                          |
| 20a. l                     | Mortgages on other property  | 20a.         | \$               | 0.00                     |
| 20b. I                     | Real estate taxes  | 20b.         | \$               | 0.00                     |
| 20c. I                     | Property, homeowner's, or renter's insurance   | 20c.         | \$               | 0.00                     |
|                            | Maintenance, repair, and upkeep expenses   | 20d.         | \$               | 0.00                     |
|                            | Homeowner's association or condominium dues  | 20e.         | ·                | 0.00                     |
| . Other:                   | Specific:  | 21.          |                  | 0.00                     |
|                            | · • ———————————————————————————————————  |              | - Ψ              | 0.00                     |
|                            | ate your monthly expenses  |              |                  |                          |
|                            | dd lines 4 through 21.   |              | \$               | 4,952.55                 |
| 22b. C                     | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$               |                          |
|                            | dd line 22a and 22b. The result is your monthly expenses.  |              | \$               | 4,952.55                 |
|                            | • • •  |              |                  | 7,002.00                 |
|                            | ate your monthly net income.   |              |                  |                          |
|                            | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | · .              | 8,201.32                 |
| 23b. (                     | Copy your monthly expenses from line 22c above.  | 23b.         | -\$              | 4,952.55                 |
| 23c                        | Subtract your monthly expenses from your monthly income.   |              |                  |                          |
|                            | The result is your <i>monthly net income</i> .   | 23c.         | \$               | 3,248.77                 |
| 4 Dave                     | Loynoot on increase or degreese in your eveness within the ware street   | ou filo 4h!- | form?            |                          |
|                            | u expect an increase or decrease in your expenses within the year after your price when you expect to finish paying for your car loan within the year or do you expect you |              |                  | or decrease because of a |
|                            | ation to the terms of your mortgage?   |              | , 15 111010430 ( |                          |
|                            |  |              |                  |                          |
| ■ No.                      |  |              |                  |                          |

| Fill in this informa   | ation to identify your       | case:                       |  |   |  |  |  |  |
|--|------------------------------|-----------------------------|--|---|--|--|--|--|
| Debtor 1   | Jonathan Alvin A             | dams                        |  |   |  |  |  |  |
| Dahtar 0   | First Name                   | Middle Name                 | Last Name  |   |  |  |  |  |
| Debtor 2<br>(Spouse if, filing)  | First Name                   | Middle Name                 | Last Name  | -   |  |  |  |  |
| United States Bank   | cruptcy Court for the:       | DISTRICT OF MARYLAND        | )  | -   |  |  |  |  |
| Case number (if known)   |                              |                             |  | Check if this is an amended filing  |  |  |  |  |
| Official Form <b>Declaration</b>   |                              | ın Individual [             | Debtor's Schedules   | 12/15   |  |  |  |  |
| If two married peo   | ple are filing togethe       | r, both are equally respons | ible for supplying correct information   | ո.  |  |  |  |  |
| obtaining money o  |                              | n connection with a bankru  | r amended schedules. Making a false<br>ptcy case can result in fines up to \$2 | e statement, concealing property, or<br>250,000, or imprisonment for up to 20         |  |  |  |  |
| Sign E   | Below                        |                             |  |   |  |  |  |  |
| Did you pay o  | or agree to pay some         | one who is NOT an attorne   | y to help you fill out bankruptcy form   | ns?   |  |  |  |  |
| ■ No   |                              |                             |  |   |  |  |  |  |
| ☐ Yes. Na  | me of person                 |                             |  | n Bankruptcy Petition Preparer's Notice,<br>ration, and Signature (Official Form 119) |  |  |  |  |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. |                              |                             |  |   |  |  |  |  |
| X /s/ Jonat  | han Alvin Adams              |                             | x  |   |  |  |  |  |
|  | n Alvin Adams<br>of Debtor 1 |                             | Signature of Debtor 2  |   |  |  |  |  |
| Date <u>Ju</u>   | ne 13, 2019                  |                             | Date   |   |  |  |  |  |

| Fill          | in this inform  | nation to identify you          | r case:   |                                      |                         |  |  |  |  |  |
|---------------|---|---------------------------------|---|--------------------------------------|-------------------------|--|--|--|--|--|
| Deb           | otor 1  | Jonathan Alvin                  | Adams   |                                      |                         |  |  |  |  |  |
|               |   | First Name                      | Middle Name   | Last Name                            |                         |  |  |  |  |  |
|               | otor 2<br>use if, filing)   | First Name                      | Middle Name   | Last Name                            |                         |  |  |  |  |  |
| Unit          | ted States Bar  | nkruptcy Court for the:         | DISTRICT OF MARYLA  | ND                                   |                         |  |  |  |  |  |
| Cas<br>(if kn | se number<br>own)   |                                 |   |                                      |                         | ☐ Check if this is an amended filing                       |  |  |  |  |
| Sta<br>Be a   | s complete a  | of Financial                    | Affairs for Indivible. If two married people attach a separate sheet to               | are filing together, bot             | h are equally responsil | 4/19 ble for supplying correct s, write your name and case |  |  |  |  |
|               | <u> </u>  | n). Answer every que            | stion.<br>arital Status and Where Yo  | u Lived Peters                       |                         |  |  |  |  |  |
| Par           |   |                                 |   | u Liveu Beiore                       |                         |  |  |  |  |  |
| 1.            | wnat is your  | current marital statu           | 1S ?  |                                      |                         |  |  |  |  |  |
|               | <ul><li>■ Married</li><li>□ Not mar</li></ul>   | ried                            |   |                                      |                         |  |  |  |  |  |
| 2.            | During the last 3 years, have you lived anywhere other than where you live now?               |                                 |   |                                      |                         |  |  |  |  |  |
|               | ■ No  |                                 |   |                                      |                         |  |  |  |  |  |
|               | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |                                 |   |                                      |                         |  |  |  |  |  |
|               | Debtor 1 Pri  | ior Address:                    | Dates Debtor lived there  | 1 Debtor 2 Pri                       | or Address:             | Dates Debtor 2 lived there                                 |  |  |  |  |
|               |   |                                 | ver live with a spouse or le  |                                      |                         | or territory? (Community property                          |  |  |  |  |
| otato         | _   | 50 maia                         |   |                                      |                         | gion and meconemy  |  |  |  |  |
|               | ■ No □ Yes. Ma  | ke sure you fill out <i>Scl</i> | hedule H: Your Codebtors (  | Official Form 106H).                 |                         |  |  |  |  |  |
| Par           | t 2 Explain   | n the Sources of You            | ır Income   |                                      |                         |  |  |  |  |  |
| 4.            | Did you have  | any incomo from or              | nployment or from operat  | ing a business during t              | his year or the two pro | vious calondar voars?                                      |  |  |  |  |
| 4.            | Fill in the tota  | I amount of income yo           | nployment of from operation received from all jobs and have income that you received. | all businesses, including            | part-time activities.   | vious calendar years:                                      |  |  |  |  |
|               | ■ No □ Yes, Fill  | in the details.                 |   |                                      |                         |  |  |  |  |  |
|               |   |                                 | Dobtor 4  |                                      | Debter                  |  |  |  |  |  |
|               |   |                                 | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions a | Sources of inco         | oply. (before deductions                                   |  |  |  |  |
|               |   |                                 |   | exclusions)                          |                         | and exclusions)  |  |  |  |  |

Official Form 107

Case number (if known)

| 5. | Include inc                                  | come regard                                  | lless of wheth  | er that income is t  | axable. Examples  |  | alimony; child supp  |   | ecurity, unemployment,                                |
|----|--|--|---|--|---|--|--|---|---|
|    |  |  |   |  |   | eived together, list it  |  |   | gambling and lottery                                  |
|    | List each s                                  | source and t                                 | he gross inco   | me from each sou   | irce separately. Do   | not include income   | that you listed in lir   | ne 4.   |   |
|    | □ No   |  |   |  |   |  |  |   |   |
|    | Yes.   | Fill in the de                               | tails.  |  |   |  |  |   |   |
|    |  |  |   | Debtor 1   |   |  | Debtor 2   |   |   |
|    |  |  |   | Sources of inco  | eac<br>(bef   | ss income from<br>h source<br>fore deductions and<br>lusions)  | Sources of inc<br>Describe below   |   | Gross income<br>(before deductions<br>and exclusions) |
|    | om January<br>e date you f                   |  | nt year until<br>ikruptcy:  | Social Securit<br>Disability   | у   | \$11,229.00  |  |   |   |
|    | r last calen<br>anuary 1 to                  |  | 31, 2018 )  | Social Securit<br>Disability   | у   | \$21,852.00  |  |   |   |
|    | r the calend<br>anuary 1 to                  |  |   | Social Securit<br>Disability   | у   | \$21,420.00  |  |   |   |
| 6. | □ No.  | During the No. Yes                           | 90 days before Go to line 7 List below 6 paid that cronot include to adjustment Go days before Go to line 7 List below 6 include pay attorney for | pebtor 2 has prime personal, family, personal, f | or household purp<br>nkruptcy, did you p<br>nom you paid a tota<br>de payments for o<br>torney for this ban<br>very 3 years after<br>arily consumer d<br>nkruptcy, did you p<br>nom you paid a tota<br>c support obligation | ebts. Consumer debose."  pay any creditor a total of \$6,825* or more domestic support oblikruptcy case. Ithat for cases filed or ebts.  pay any creditor a total of \$600 or more an ins, such as child support of total amount | al of \$6,825* or moin one or more pay<br>gations, such as changed or after the date of<br>all of \$600 or more?<br>d the total amount<br>oport and alimony. | ore?  yments and th hild support ar of adjustment. ?  you paid that Also, do not ir | nd alimony. Also, do                                  |
|    |  |  |   |  |   | paid   | still owe  |   |   |
| 7. | Insiders in of which you a business alimony. | clude your r<br>ou are an of<br>s you operat | elatives; any<br>ficer, director<br>e as a sole p   | general partners;<br>, person in control<br>coprietor. 11 U.S.C  | relatives of any ge<br>, or owner of 20%  |  | erships of which yog<br>g securities; and a  | ou are a gener<br>ny managing a   | al partner; corporations<br>agent, including one fo   |
|    |  |  | nents to an in  |  |   |  |  | _   |   |
|    | Insider's                                    | Name and                                     | Address   | Date   | s of payment  | Total amount paid  | Amount you still owe   | Reason for  | r this payment  |
|    |  |  |   |  |   |  |  |   |   |

Debtor 1 Jonathan Alvin Adams

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Case number (if known)

| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos   |  | ments or transfer a   | iny property on a    | account of a de         | ebt that benefited an        |
|-----|--|--|---|----------------------|-------------------------|------------------------------|
|     | No   |  |   |                      |                         |                              |
|     | Yes. List all payments to an insider   |  |   |                      |                         |                              |
|     | Insider's Name and Address   | Dates of payment   | Total amount paid   | Amount you still owe | Reason for Include cred | this payment<br>litor's name |
| Par | t 4: Identify Legal Actions, Repossession  | ns, and Foreclosures   |   |                      |                         |                              |
| 9.  | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes.   |  |   |                      |                         |                              |
|     | □ No   |  |   |                      |                         |                              |
|     | Yes. Fill in the details.  |  |   |                      |                         |                              |
|     | Case title Case number   | Nature of the case   | Court or agency   |                      | Status of the case      |                              |
|     | Johnathan Adams vs Brown,<br>Savage, Britto, Stitely and Callahan<br>caef-19-14655   | Foreclosure  | Circuit Court fo<br>George's Coun<br>14735 Main Str<br>Upper Marlbord | ty<br>eet            | Pending On appe         | eal                          |
| 10. | Check all that apply and fill in the details below  ☐ No. Go to line 11.  ☐ Yes. Fill in the information below.  Creditor Name and Address | Describe the Property  Explain what happened   | d   | Date                 |                         | Value of the property        |
|     | M&T Bank   | Account frozen  ☐ Property was reposse ☐ Property was foreclos ☐ Property was garnish ☐ Property was attache | sed.<br>ed.   | 5/20                 | 19                      | \$2,783.55                   |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.                      |  | luding a bank or fir  | nancial institution  | n, set off any a        | amounts from your            |
|     | Creditor Name and Address  | Describe the action the  | e creditor took   | Date<br>take         | action was              | Amount                       |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes  |  | erty in the possessi  | ion of an assigne    | ee for the bene         | efit of creditors, a         |

Debtor 1 Jonathan Alvin Adams

| No   Yes. Fill in the details for each gift.   Gifts with a total value of more than \$600 per person   Describe the gifts  | you gave Value<br>ts<br>f more than \$600 to any charity?<br>you Value |
|---|--|
| Yes. Fill in the details for each gift.   Gifts with a total value of more than \$600 per person   Describe the gifts   | you gave Value<br>ts<br>f more than \$600 to any charity?<br>you Value |
| Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:  14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value o  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  Part 6: List Certain Losses  15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything becor gambling?  No Yes. Fill in the details.  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Part 7: List Certain Payments or Transfers  16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer | f more than \$600 to any charity?                                      |
| 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value o  No Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  Part 6: List Certain Losses  15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything become gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Part 7: List Certain Payments or Transfers  16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfers  | you Value  |
| more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  Part 6: List Certain Losses  15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything bed or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Part 7: List Certain Payments or Transfers  16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer  |  |
| <ul> <li>Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything becor gambling?         <ul> <li>No</li> <li>Yes. Fill in the details.</li> </ul> </li> <li>Describe the property you lost and how the loss occurred         <ul> <li>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</li> </ul> </li> <li>Part 7: List Certain Payments or Transfers</li> <li>Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer</li> </ul>   |  |
| or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Part 7: List Certain Payments or Transfers  16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer   |  |
| Part 7: List Certain Payments or Transfers  16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer   |  |
| 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfe  |  |
| <ul> <li>consulted about seeking bankruptcy or preparing a bankruptcy petition?</li> <li>Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your below.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>   |  |
|   | ayment Amount o<br>sfer was paymen                                     |
| Law Offices of Richard B. Rosenblatt, Attorney Fees 4/12/2 PC Suite 302 30 Courthouse Square Rockville, MD 20850 rrosenblatt@rosenblattlaw.com  | 019 \$2,010.00   |
| MoneySharp Credit Counseling Inc. first certificate of credit counseling 222 Merchandise Mart Plaza Suite 1225 Chicago, IL 60654  | \$10.00  |

Debtor 1 Jonathan Alvin Adams

Case number (if known)

| 17.  | promised to help you deal with your creditors Do not include any payment or transfer that you li  No   | in 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone we issed to help you deal with your creditors or to make payments to your creditors? On time 16. |                            | ty to anyone who |   |   |
|------|--|---|----------------------------|------------------|---|---|
|      | Yes. Fill in the details.  |   |                            |                  |   |   |
|      | Person Who Was Paid<br>Address   | Description and va<br>transferred   | alue of any prop           | perty            | Date payment<br>or transfer was<br>made                 | Amount of payment                             |
| 18.  | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers made include gifts and transfers that you have already I   | siness or financial affa<br>e as security (such as the  | irs?<br>ne granting of a s |                  |   |   |
|      | ☐ Yes. Fill in the details.  |   |                            |                  |   |   |
|      | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and va<br>property transferr  |                            |                  | any property or<br>s received or debts<br>schange       | Date transfer was made                        |
|      | r erson's relationship to you  |   |                            |                  |   |   |
| 19.  | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  |   |                            |                  |   |   |
|      | ■ No  Yes. Fill in the details.  |   |                            |                  |   |   |
|      | Name of trust  | Description and va  | alue of the prop           | erty transfer    | red   | Date Transfer was made                        |
| Dor  | List of Cartain Financial Accounts Instr   | rumanta Safa Danasit  | Payas and Sta              | rogo Unito       |   |   |
| Fair | List of Certain Financial Accounts, Instr  | uments, sale Deposit  | boxes, and Sto             | orage Units      |   |   |
| 20.  | Within 1 year before you filed for bankruptcy, were any financial accounts or instrume sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of houses, pension funds, cooperatives, associations, and other financial institutions. |   | of deposit; sl             |                  |   |   |
|      | Yes. Fill in the details.  |   |                            |                  |   |   |
|      |  | ast 4 digits of account number  | Type of accou instrument   | clo              | ate account was<br>osed, sold,<br>oved, or<br>ansferred | Last balance<br>before closing or<br>transfer |
| 21.  | Do you now have, or did you have within 1 yea cash, or other valuables?  | ar before you filed for   | bankruptcy, an             | y safe deposi    | it box or other deposit                                 | tory for securities,                          |
|      | ■ No □ Yes. Fill in the details.   |   |                            |                  |   |   |
|      | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acco<br>Address (Number, St<br>State and ZIP Code)   |                            | Describe the     | contents  | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit or ■  | place other than your   | home within 1 y            | year before y    | ou filed for bankruptc                                  | y?  |
|      | Yes. Fill in the details.  |   |                            |                  |   |   |
|      |  | Who also has ar h   | ad access                  | Dogorika 41      | contonto  | Do you of:                                    |
|      | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code)   |                            | Describe the     | contents  | Do you still have it?                         |
|      |  |   |                            |                  |   |   |

| Debtor 1 | Jonatha | n Alvin   | Adams   |
|----------|---------|-----------|---------|
| Jebioi i | JUHAHIA | II AIVIII | Auaiiis |

Case number (if known)

| Pai | 19: Identify Property You Hold or Control for   | Someone Else  |        |                                    |                       |  |  |
|-----|---|---|--------|------------------------------------|-----------------------|--|--|
| 23. | Do you hold or control any property that some for someone.  | one else owns? Include any prope  | rty yo | ou borrowed from, are storing fo   | r, or hold in trust   |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                    |                       |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Des    | scribe the property                | Value                 |  |  |
| Pai | t 10: Give Details About Environmental Inform   | ation   |        |                                    |                       |  |  |
| For | the purpose of Part 10, the following definitions   | apply:  |        |                                    |                       |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, groun                                     | _      | •                                  |                       |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  |   | law,   | whether you now own, operate,      | or utilize it or used |  |  |
|     | Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or   |   | s was  | ste, hazardous substance, toxic    | substance,            |  |  |
| Rep | ort all notices, releases, and proceedings that y   | ou know about, regardless of whe  | n the  | y occurred.                        |                       |  |  |
| 24. | Has any governmental unit notified you that yo  | u may be liable or potentially liable                                     | e und  | ler or in violation of an environm | ental law?            |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                    |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | nd     | Environmental law, if you know it  | Date of notice        |  |  |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?  |        |                                    |                       |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                    |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | nd     | Environmental law, if you know it  | Date of notice        |  |  |
| 26. | Have you been a party in any judicial or admini   | strative proceeding under any env   | /ironn | mental law? Include settlements    | and orders.           |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                    |                       |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nat    | ture of the case                   | Status of the case    |  |  |
| Pai | 11: Give Details About Your Business or Cor   | nnections to Any Business   |        |                                    |                       |  |  |
| 27. | Within 4 years before you filed for bankruptcy,   | did you own a business or have a  | ny of  | the following connections to an    | y business?           |  |  |
|     | lacksquare A sole proprietor or self-employed in a  | trade, profession, or other activity                                      | , eith | er full-time or part-time          |                       |  |  |
|     | ■ A member of a limited liability company   | (LLC) or limited liability partnersh                                      | hip (L | LP)                                |                       |  |  |
|     | ☐ A partner in a partnership  |   |        |                                    |                       |  |  |
|     | ☐ An officer, director, or managing execu   | tive of a corporation   |        |                                    |                       |  |  |
|     | ☐ An owner of at least 5% of the voting or  | r equity securities of a corporation                                      | 1      |                                    |                       |  |  |

Official Form 107

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Case number (if known)

| ☐ No. None of the above applies. Go to                                 | ne above applies. Go to Part 12.                                      |   |  |  |
|--|---|---|--|--|
| Yes. Check all that apply above and fi                                 | Il in the details below for each business.                            |   |  |  |
| Business Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed |  |  |
| Admeritus LLC  | Investments   | EIN: 74-3243393   |  |  |
|  | Self  | From-To May 2007 - current  |  |  |
| Within 2 years before you filed for bankrup                            | etcv. did vou give a financial statement to ar                        | nvone about vour business? Include all financial  |  |  |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financia institutions, creditors, or other parties.

| No   |
|--|
| Yes. Fill in the details below.                            |
| <br>me<br>dress<br>nber, Street, City, State and ZIP Code) |

Debtor 1 Jonathan Alvin Adams

Date Issued

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| Debtor 1 Jonathan Alvin Adams                 |   | Case number (if known)   |
|---|---|--|
|   |   |  |
| Part 12: Sign Below                           |   |  |
| are true and correct. I understand that       | t making a false statement, concealing p<br>ines up to \$250,000, or imprisonment for | nents, and I declare under penalty of perjury that the answers roperty, or obtaining money or property by fraud in connection up to 20 years, or both. |
| /s/ Jonathan Alvin Adams                      |   |  |
| Jonathan Alvin Adams<br>Signature of Debtor 1 | Signature of Debtor   | 2  |
| Date June 13, 2019                            | Date  |  |
| Did you attach additional pages to You        | ur Statement of Financial Affairs for Indi  | viduals Filing for Bankruptcy (Official Form 107)?   |
| ■ No  |   |  |
| ☐ Yes   |   |  |
| Did you pay or agree to pay someone           | who is not an attorney to help you fill ou  | t bankruptcy forms?  |
| ■ No  |   |  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$75       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$335      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### United States Bankruptcy Court District of Maryland

|       |                                 | 21501100 01 1/141 / 14114                             |                    |                       |
|-------|---------------------------------|---|--------------------|-----------------------|
| In re | Jonathan Alvin Adams            |   | Case No.           |                       |
|       |                                 | Debtor(s)   | Chapter            | 13                    |
|       | X/101                           |   | MATDIW             |                       |
|       | V L I                           | RIFICATION OF CREDITOR 1                              | VIAIKIA            |                       |
|       |                                 |   |                    |                       |
| e ab  | ove-named Debtor hereby verifie | es that the attached list of creditors is true and co | orrect to the best | of his/her knowledge. |
|       | luna 12, 2010                   | /o/ Jonethan Alvin Adama                              |                    |                       |
| ate:  | June 13, 2019                   | /s/ Jonathan Alvin Adams  Jonathan Alvin Adams        |                    |                       |
|       |                                 | Signature of Debtor                                   |                    |                       |
|       |                                 | Signature of Debior                                   |                    |                       |

Amer Col Ent 6094d Franconia Rd Alexandria, VA 22310

American Collections E 6094d Franconia Rd Alexandria, VA 22310

Navy Federal Cr Union 820 Follin Lane Se Vienna, VA 22180

Oak Creek Club Homeowners Association, I c/o Gregory Alexandrides, LLC 821 West Street Annapolis, MD 21401

Shapiro & Brown, LLP 10021 Balls Ford Road Suite 200 Manassas, VA 20109

Wagner Law Group, LLC 6931 Arlington Road Suite 550 Bethesda, MD 20814

Wagner Law Group, LLC P.O. Box 219 Cabin John, MD 20818-0219

Washington Gas 101 Constitution Ave., NW Washington, DC 20080

Wells Fargo Hm Mortgag Po Box 10335 Des Moines, IA 50306

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